



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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Governor

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Mark D. Birdwhistell
Secretary

Glenn Jennings
Commissioner

November 29, 2006

**RE: Organizational Changes
Acquired Brain Injury Branch**

ABI (17) Provider Letter Number: A-12

Dear Acquired Brain Injury Waiver Provider:

This letter is to inform you of organizational changes within the Department for Mental Health/Mental Retardation (DMH/MR) and the Department for Medicaid Services (DMS). Effective December 16, 2006, the Acquired Brain Injury Branch within DMH/MR will be transferred to DMS, Division of Long Term Care and Community Alternatives. All programmatic activities and provider functions will remain the same with the exception of the Prior Authorization Services which will be processed by SHPS, the Quality Improvement Organization (QIO) for DMS, starting on December 18, 2006.

Beginning December 18, 2006 SHPS will begin reviewing and determining Prior Authorization (PA) of services for ABI. Any verbal request for Level of Care (LOC) pertaining to initial enrollment and recertification will continue to be handled by SHPS via telephone. Packets will need to be faxed to SHPS at 1-800-807-7840 or 502-429-5233. The initial packet should include:

1. A copy of the allocation letter;
2. An Assessment of Needs and Plan of Care form - MAP-011;
3. A statement for the need for long term care services which shall be signed and dated by a physician on an Acquired Brain Injury Waivers Services Program Physician Certification form - MAP-4099;
4. A Long Term Care Facilities and Home and Community Based Program Certification form - MAP-350;
5. MAP-552K, Department for Community Based Services Notice of Availability of Income for Long Term Care/Waiver Agency/Hospice form;

(see reverse side)

Acquired Brain Injury Waiver Provider

November 29, 2006

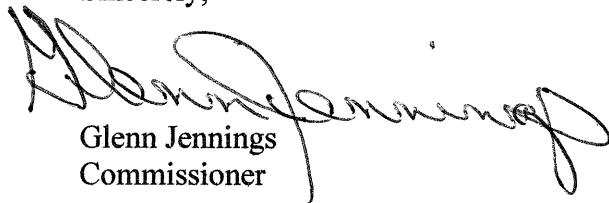
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6. An ABI Waiver Services Program Applicant/Recipient Memorandum of Understanding form - MAP-4096;
7. The ABI Recipient's Admission Discharge DCBS Notification form - MAP-24B; and
8. A Freedom of Choice of Home and Community Based Waiver Service Providers form - MAP-4102;

The recertification packet should include an updated MAP-011 and MAP 350, as well as any clinical documentation necessary to support service requests.

Should you have any questions regarding this change, please contact Linda Proctor, M.A. or Sheila Davis, RN within the Division for Long Term Care and Community Alternatives at (502) 564-5560.

Sincerely,



Glenn Jennings
Commissioner

Xc: ABI (17) Provider Letter: A-12

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